L1700000029

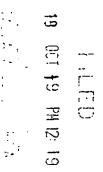
(Re	questor's Name)					
(Address)						
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PIÇK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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03/24/18--01016--006 **25.00



OCT 2 : 2013



September 25, 2018

KARLA BERNSTEIN 240 ISLE VERDE WAY PALM BEACH GARDENS, FL 33418

Ref. Number: L1700080029

We have received your document for and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 818A00019997

Octavia L Simmons Regulatory Specialist III

018 OC 1 (9 PH 1

co	COVER LETTER					
TO: Registration Section Division of Corporations						
SUBJECT: KIJ Dream Iku	1775 LLC nited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	r to the following:					
Karla Fornstin Name of Person						
Firm/Company	LU					
240 Isle Verde Way	<u>/</u>					
Palm Beach Gurden s City/State and Zip Code	, <u>F1</u> 35/118					
E-mail address (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Kurla Bernstein at (561) 577 - 1938 Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

The result					
1. Name of the limited liability co	ompany: <u>K&TL</u>	2 can	Homes La	<u> </u>	
2. (a) 240 Isle Verde	Way	(b)	240 Isl	- Words 1	1160
	f limited liability company:	_ (0)	-	ess of limited liability	··· — — — — — — — — — — — — — — — — — —
-	STREET ADDRESS)			Y BE POST OFFI	
Palm Brach	Gardens		Palm Bea		,
TI 27000			- 46.1		
<u>F1 33418</u>			17 350	<u> 12</u>	
4/06/20	77	4	417.000	280029	
3. Date of filing/regis	tration in Florida	4.	Document	number	
T	,				
5. (a) James Nic					
Registered Agent and Registered (Office shown on the records of th	ne Florida Dept	. of State:		
Registered Office Address (M	UST BE FLORIDA STREET AI	DDRESS)			
107 /				ن دنیا	
	e Pr				
Poelm Beau	Gardens , FL	F1	3341()	رە. د	•
				•	-
(h)				7	•
(b)Enter name of NEW Registered /	Agent and/or NEW Degistered (Office address:			<u> </u>
Enter hanc of the W Registered ?	tem aldor ivew Registered C	omice address.			PM 12:
, , / -	<i>j</i> .			1	
Karla Bi					5
NEW Registered Office Address:					
240 ISI	e Yarde War	.i			
	7 7 7 2 6 5 5 5	+			
Palm Breat (C . 1				
Palen Breen	JUNCENS FL	F1 3	<i>5</i> 2118		
If the limited liability company is n	ot organized under the laws	s of the State	of Florida, it is l	nereby confirmed	d that after
the change or changes are made, the agent will be identical. Or, in the c	r forida street address of t	ne registered	office and the bi	usiness office of	the registered
was/were authorized by an affirmat	ive vote of the members of	the limited	liability company	or as otherwise	provided in
the articles of organization or the o	perating agreement of the I	imited liabili	ity company.		provided iii
an Vie ha			Tel me A	1:11=	
Signature of a member or authorized repr	resentative of a member		JCI INYS A	Vicinos of signer	
			•	., .	
I hereby accept the appointment as	: registered agent and agre	e to act in th	nis capacity. I fur	ther agree to col	mply with the
provisions of all statutes relative to the obligations of my position as re to merely reflect a change in the re	gistered agent as provided	for in Chap	oj my aunes, ana ter 605. F.S. Or.	if this document	in ana accept is being filed
to merely reflect a change in the re-	gistered office address, I hi	ereby confiri	m that the limited	liability compar	ıy has been
notifiedlin writing of this change.	•				
Suttitude					
Signadical Agent New					